

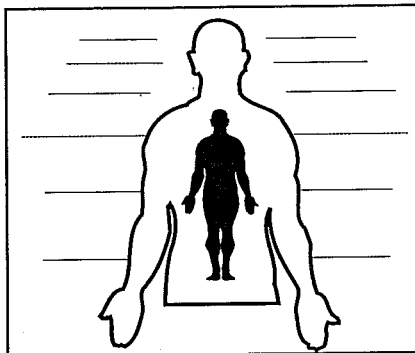
FACTS ON ADULT CHILDREN OF ALCOHOLICS**Penny Booth Page, M.L.S.**

One out of every eight Americans—an estimated 28 million people—are children of alcoholics. Twenty-one million of these are adults age 18 years or older. Despite these large numbers, attention to adult children of alcoholics (ACOAs) is a relatively recent phenomenon that began in the early 1980s and swelled into a grass-roots movement fueled by popular literature and self-help groups.

Strictly speaking, an adult child of an alcoholic is any adult who grew up with one or two alcoholic parents. Experts have found that children from alcoholic homes are at greater risk for developing a variety of physical, emotional, and mental health problems, and these problems may not always be evident in childhood. Sons of alcoholic fathers are four times more likely to become alcoholic than sons of nonalcoholic fathers, and daughters of alcoholic mothers are three times more likely to become alcoholic than other daughters. Exposure to family alcoholism has also been associated with marital instability. A recent survey showed 56% of separated and divorced adults reported having an alcoholic family member. Other behavioral problems often found among ACOAs include depression, workaholicism, and low self-esteem.

Much of the current literature on ACOAs is "experiential"—i.e., it deals with personal experiences of ACOAs who have come to grips with the effects of their childhood, or it covers professional experiences of therapists working with ACOAs. From these experiences therapists have identified several characteristics common to many ACOAs. These include a poorly developed sense of what is normal in family relationships, a tendency toward lying even when there is no need, judging themselves without mercy, difficulty having fun, difficulty in intimate relationships, inability to trust, a constant

need for approval, and being overly responsible or irresponsible. As a result of their family experience, ACOAs may have poor parenting skills, tend-



ing toward hypervigilance, anxiety, jealousy, and over-control of their own children's behaviors. They may also be vulnerable to problems in the workplace such as work addiction and burn-out.

Research on ACOAs has developed largely in response to the popular attention given to this group. Much of this research has focused on the area of family transmission of alcoholism, particularly the risk factors and protective factors related to development of alcohol or other drug abuse among children. While studies have found that ACOAs are at greater risk of developing an alcohol or other drug abuse problem than children from nonalcoholic families, a number of studies have examined those variables that seem associated with successful or unsuccessful functioning of ACOAs. The gender of alcoholic parent, severity of parental alcoholism, a child's age at onset of parental alcoholism, the existence of a strong nonalcoholic parental role model, availability of social support systems, and the development of healthy family rituals have all been demonstrated to affect a child's vulnerability to substance abuse or other mental health problems as an adult.

Some research studies have begun to examine the relationship between family history of alcoholism and personality. These studies have indicated that ACOAs are more prone to depression than children of nonalcoholics and that aggression, impulsivity, sociopathy, and low self-esteem are higher than normal among ACOAs. However, other factors such as antisocial or neurotic personality characteristics and temperament may predispose some ACOAs to substance abuse. In one study daughters of alcoholic fathers were not found to be more depressed than daughters of nonalcoholic or daughters of psychiatrically disturbed fathers, but the daughters of alcoholic and psychiatrically disturbed fathers showed similar adjustment patterns on tests measuring a range of psychiatric problems. Thus, differences between ACOAs and other adults may not be unique. Many of the suppositions in the experiential literature have yet to be documented by research studies.

Treatment for ACOA problems has been influenced by both the mental health and the chemical dependency fields. Problems presented by ACOAs may include not only alcohol and other drug abuse but also eating disorders, stress, sexual addiction, and marital and family problems. Group therapy and family therapy are two approaches that have been used in dealing with ACOAs.

Group therapy for ACOAs may involve self-help "recovery" groups as well as groups led by trained professionals. ACOA groups help reduce the sense of isolation and provide understanding and validation of negative family experiences, including parental alcoholism. A common theme of most ACOA groups and treatment programs is the emphasis on the "inner child"—the discovery of an individual's lost childhood and the healing of wounds that occurred from this trauma. Many of the self-help groups

are based on a modified version of the Twelve Steps of Alcoholics Anonymous and Al-Anon, and they emphasize the role of spirituality in recovery from ACOA problems.

The more traditional psychotherapeutic groups usually involve a trained leader. Cermak and Brown have recommended an interactional group therapy technique in which the therapists provide detailed summaries of the group sessions to all members. This increases communication among members and between members and therapists and also helps to demystify the psychotherapy experience. Regardless of the type of ACOA group, the ultimate goal is to examine the effects of past family experiences on the present in order to develop more appropriate behaviors and coping mechanisms.

Family therapy has also been recommended for ACOAs, especially when a substance abuse disorder is involved. In a family systems approach, such as that advocated by Steinglass, the family must be assessed as a unit to determine the extent to which the alcoholism has become the central focus of family organization. Brown has linked a family systems approach to a developmental perspective. She advocates a recovery process that focuses on the alcoholic family environment and its effects on individual development. In family therapy programs, the roles and interactions within the family environment play a major part in determining the goals and course of treatment.

One problem with the ACOA literature has been the often loose definition of "adult child." Whereas this once referred strictly to adults who grew up in alcoholic families, it is now frequently used to describe persons who were raised in other types of dysfunctional families. The term "codependence" has also been used to describe not only spouses and children of alcoholics, but anyone who may be affected by another person's problems of any nature. Much of the ACOA and codependency

writing does not focus on family alcohol or other drug problems, but instead offers broad guidelines for developing healthier lifestyles. This material provides helpful suggestions for recovering ACOAs but lacks sufficient insight into the familial and psychological origins of many ACOA problems. To date, no significant research has emerged on the treatment of codependence.

In the last decade adult children of alcoholics have become a distinct and identifiable group in research studies and therapeutic programs. ACOAs have

brought national attention to the effects of alcoholism on the family. The emotional and psychological needs of this group have spawned treatment programs and self-help groups incorporating elements from the mental health and the chemical dependency fields. Although many ACOAs do suffer mental health and substance abuse problems, still others function successfully in the workplace and in their personal lives. Further research is needed to distinguish factors that affect the emotional and psychological development of adult children of alcoholics.

References

- Brown, S. (1988). *Treating adult children of alcoholics: A developmental perspective*. New York, NY: John Wiley & Sons.
- Galanter, M. (Ed.) (1991). Recent developments in alcoholism. Vol. 9. *Children of alcoholics*. New York, NY: Plenum Press.
- Johnson, J. L. & Bennett, L.A. (1989). *Adult children of alcoholics: Theory and research*. New Brunswick, NJ: Center of Alcohol Studies Pamphlet Series.
- National Center for Health Statistics. (1991). *Exposure to alcoholism in the family: United States, 1988*. (Advance Data No. 205). Hyattsville, MD.
- Steinglass, P., Bennett, L.S., Wolin, S.J., & Reiss, D. (1987). *The alcoholic family*. New York, NY: Basic Books.
- Woititz, J.G. (1990). *Adult children of alcoholics*. (Rev. Ed.). Deerfield Beach, FL: Health Communications.
- Woodside, M. (1988). Children of alcoholics: Helping a vulnerable group. *Public Health Reports*, 103, 643-647.

Readings for Further Information

- Cermak, T.L. (1990). *Evaluation and treatment of adult children of alcoholics*. (Vols. 1-2). Minneapolis, MN: Johnson Institute.
- Page, P.B. (1991). *Children of alcoholics: A sourcebook*. New York, NY: Garland Publishing.
- Vannicelli, M. (1989). *Group psychotherapy with adult children of alcoholics: Treatment techniques and counter-transference considerations*. New York, NY: Guilford Press.

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